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ABSTRACT

This guide was developed to help the nurse in any outdoor setting or organized camp program serving children and youth to: (1) understand the responsibilities of camp nursing; (2) be aware of the nurse's relationships with the camp director and other workers; (3) relate the camp health program to the overall objectives of the camping program; (4) promote maximum health in the camping situation; (5) function in a variety of camp health situations, environments and programs; (6) help insure for each child the maximum benefit of a camping experience; (7) become acquainted with supplemental aids that enable the nurse's work to be done more effectively, and; (8) adapt basic nursing skills to the camping or recreational setting. This material is intended to be equally helpful to a volunteer or salaried nurse, working full- or part-time. This booklet also contains information for camp administrators establishing health programs and for agencies placing nurses for camp services. It discusses a camping organization's need for a nurse, nurse qualifications, and employment arrangements. It describes job satisfactions offered by the camping environment, proper health center planning, standard equipment and possible substitutes, record keeping, and health counseling. This booklet also describes a typical day at camp, the nurse's duties, nurse's role in medical examinations, special needs of campers, and emergency responsibilities. Appended is a list of suggested minimum standing orders. (TES)

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GUIDE TO CAMP NURSING

Qualifications, Responsibilities Outlined for the Professional Camp Nurse

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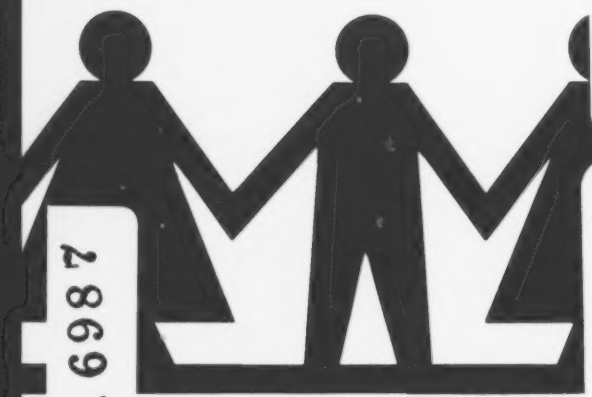

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By Margaret E. Auld and Graceann Ehlke

Published by the American Camping Association

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Margaret E Auld and Graceann Ehlke

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Bradford Woods
5000 State Road 67 North
Martinsville, IN 46151-7902

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Foreword

Camp nursing is what you make of it. It can be as rewarding and dynamic as any type of nursing there is. The most important qualities the nurse going to camp can possess are a love of children and a love of the out-of-doors.

This booklet, GUIDE TO CAMP NURSING, has evolved out of the cooperative effort of many persons interested in the fields of camping and nursing. It is based originally upon the publication, SUGGESTED STANDARDS FOR CAMP NURSING, published in 1944 by the National Organization for Public Health Nursing and upon a revision of that pamphlet in 1951 by the Committee on Camping of the School Nursing Section of the aforementioned organization in cooperation with the National Health and Safety Committee of the American Camping Association. Upon the 1951 publication, THE CAMP NURSE was written in 1956 by the Health and Safety Committee of the American Camping Association and is now also out-of-print.

Because of continued and frequent requests from camp leaders for material of this nature, this GUIDE TO CAMP NURSING has been completed by Miss Margaret Auld and Miss Graceann Ehlke. Both Miss Auld and Miss Ehlke are registered nurses and have worked as camp nurses in the Pacific Northwest. It is upon the previous writings and their research that this booklet has been based.' The research data was gathered from seven Western states, (American Camping Association member camps) during the summer of 1971 and involved defining that knowledge and those technical skills that currently employed camp nurses thought necessary in the field of camp nursing today.

Pertinent Standards related to camp health services and care, as suggested by the American Camping Association, have been included in this publication. However, it is recommended that camping leaders review the entire Standards document entitled CAMP STANDARDS FOR THE ACCREDITATION OF ORGANIZED CAMPS in order to gain a fuller understanding of the Standards program.

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PURPOSE OF THIS GUIDE

This publication is designed as a guide to help the nurse in any outdoor setting or any organized camp program serving children and youth. Its aims are to help the nurse:

1. Understand the responsibilities of camp nursing;
2. Be aware of the relationships of the camp nurse with the camp director and other camp workers;
3. Relate the health program in camp to the overall objectives of the camping program;
4. Promote maximum health in the camping situation;
5. Use skills and function in health matters in camps of many varieties, in different environments, and with varying programs;
6. Help assure for each child the maximum benefit of a camping experience;
7. Become acquainted with supplemental aids and helps to enable the nurse's work to be done more effectively in the camp being served;
8. Adapt the basic knowledge and skills of nursing to the camping or recreational setting.

Since the suggested activities for the nurse are based on the needs of campers, staff, and dietary and sanitary sanctions, this material is intended to be equally helpful to a volunteer or a salaried nurse, as to a full-time or a part-time nurse serving either a resident or a day camp.

For children in day camps there should be modifications as the child returns to his family each night. It is then often possible to get in touch with parents quickly in case of accident or sudden illness, and the family physician may also be more easily available. However, the same principles of respect for parental responsibility and of cooperation with the family physician are observed in both day camps and resident camps, although the methods of applying these principles may vary according to the circumstances.

The camp director will find the booklet helpful in understanding the functions of the nurse in a specific camp situation, in establishing a sound health program, in selecting a properly qualified nurse, in planning a tentative program with the nurse to fit his particular camping situation and interpreting the nurse's function to all personnel.

In addition, it is expected that this booklet will be useful to agencies placing nurses for camp service in interpreting the nurse's function. Such agencies include the Section offices of the American Camping Association, the national organizations conducting

camping programs, counseling and placement services of nursing organizations, college placement bureaus and state and local employment services. The booklet will also assist such agencies in understanding and explaining to their clients (both employer and employee) the functions of camp nursing service, the type of nurse required to meet the needs, and the desirability of adequate nursing preparation. Another purpose is to help the nurse, inexperienced in camp work, determine whether he or she is interested in and fitted for such service.

THE NEED FOR A CAMP NURSE

A camp nurse is essential for happy and safe living in a camp or recreational community. There is a need for the prevention and control of disease, the care of the sick camper or staff member and for health guidance. The camp "family" has need for the same positive constructive health guidance and counseling which contribute to successful family living. The nurse is in a unique position to act as a health counselor. Night and day, in the health center and out of it, the nurse teaches health to individuals and to groups through actions and words. The camp nurse is unique in that he or she is a composite of a school nurse, a counselor, a public health nurse, an emergency room nurse, a pediatric clinical specialist, a sanitarian, and a dietitian. Cementing this role must be the ability to adapt and function creatively in the natural environment.

The American Camping Association **Camp Standards for the Accreditation of Organized Camps** state that the camp should have available a physician, registered nurse, or a Christian Science graduate nurse to provide medical service and health supervision.

As a health specialist on the camp staff, the nurse, in cooperation and conjunction with the director, physician, counselors, campers and employees will have a part in determining specific health objectives, relating them to the camp program in general and in making them effective guides for living.

In this connection, the general objectives of organized camping must be considered. Organized camping is a sustained experience in group living in an outdoor environment under the supervision of trained leadership. Such camping provides a creative educational experience in cooperative group living in the out-of-doors. It utilizes the resources of the natural surroundings to contribute significantly to the mental, physical, social and spiritual growth of those who take part in it. Individual camps often add specific objectives to those already mentioned.

Additional objectives, more detailed, but still quite general, are usually developed by organizations having camping programs. In camps organized primarily to serve a specialized purpose, such as diabetes, weight control, or cerebral palsy, the nurse will need, in addition to the skills outlined in this book, a detailed, working knowledge of the pathophysiology and medical treatment. When a nurse accepts a position in a camp, a careful study of the camp's objectives and how they relate to the nurse's work should be made. The health objectives of a camp program should include the following:

1. To develop the health program not as a separate entity but as a vital part of the camping program contributing to general camp objectives and participated in by all campers and camp personnel;

2. To do preventive health teaching to avoid accidents and illness in camp;

3. To develop and translate into action policies designed to promote healthful camp living, and to protect the individual, his living group, and the camp as a whole;

4. To insure for each camper an opportunity to enjoy his camping experiences to the fullest, (1) by allowing adjustment of the program to his individual abilities and needs though use of an accurate pre-camp appraisal of his assets and limitations, (2) by protecting him against avoidable health hazards in his camp environment and possible infections from associates, and (3) by supplying him with prompt and adequate medical and nursing care as needed;

5. To incorporate principles of health that will not only be an asset at camp, but will be applicable to daily living;

6. To give assurance to parents, home communities, and the community in which the camp is located that proper precautions will be taken to protect everyone concerned whenever communicable disease exists or threatens.

The nurse's success in contributing to these health aims in camp is dependent upon preliminary planning by the camp director, the camp physician and the nurse. Such arrangements are exceedingly important and should include:

1. Those made with all staff members and with parents for a complete health history to secure adequate information. The American Camping Association Standards require that a health history be prepared and signed for everyone in camp by parent, guardian, or other adult responsible for the individual, and that such history include at least the following:

a. Record of medical treatment, immunization and allergies, and

b. Description of any physical conditions requiring special consideration.

2. An understanding by those individuals coming to camp or their parents that a health examination by a licensed physician is required for all in camp within 24 months before camp or upon arrival at camp. Parents should also be urged to have their children receive all immunizations recommended by their family physician and any innoculations required by the State or Local Boards of Health under which the camp operates. Of particular importance is an updated tetanus booster. Included on the American Camping Association pre-camp health examination form is a place for parental signature, which reads: "Emergency Authorization: I

hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, and treatment for me/or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/or my child as named above. This form may be photocopied for use out of camp."

3. A plan for screening the physical condition of everyone immediately before departure for or upon arrival in camp by a licensed physician, registered nurse, or an adult approved in writing by a licensed physician.

4. A system of maintenance at camp of health records, including:

a. A daily medical log (bound book) recording all first aid and medical treatment of everyone in camp for a period of federal statutory limitation.

b. A record of accidents.

c. Health screening, health histories and other statements, regarding any limitations which would affect participation in activities.

5. Provision by the camp for adequate space, equipment, and facilities for health activities and for care of the sick child or staff member during the camp season.

6. Arrangements for "on call" service by a physician (if none is in residence) or with an accredited local hospital.

The director's understanding and concern for the promotion of positive health are of paramount importance to the success of the camp's program. In early discussions the nurse should learn the director's point of view. Throughout the season the nurse should support the camp in its responsibility to provide adequate medical, nursing and maintenance services for proper sanitation and camp hygiene. Adequate diet, accident prevention, health teaching, and the care of the ill in camp, or their removal, if necessary, to a place where adequate care can be provided must also be of prime importance to the camp nurse.

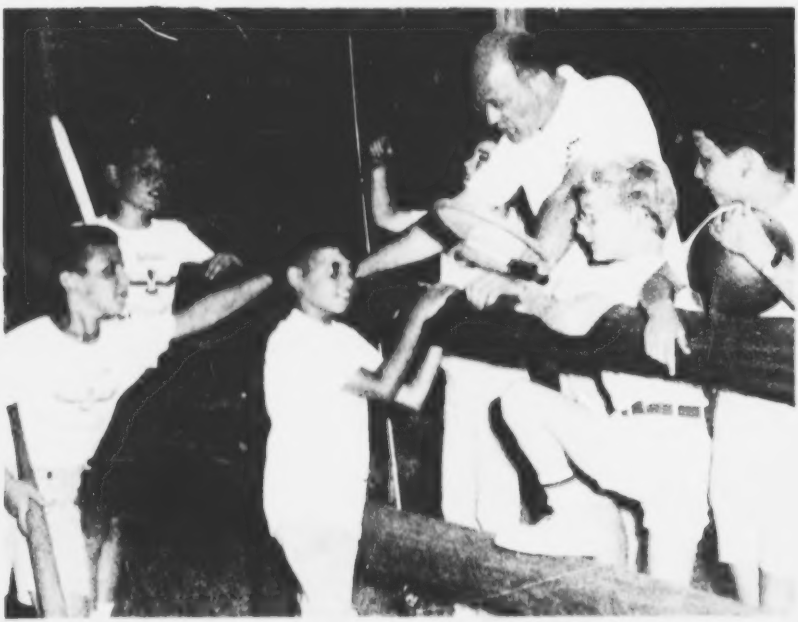
The influence and effect of the attitudes and practices of counselors and other staff members on the realization of health objectives in the camping program is obvious. The discussion of these attitudes and practices should be a part of the pre-camp staff training sessions before the campers arrive.

No matter how well a health program is planned or how skilled the doctor or nurse, they can be effective only if the director and staff members are in full cooperation with them. All the staff must be constantly alert to camp hazards. They must know the best methods of caring for emergencies and give immediate attention to accidents. The camp should have on duty in camp at all times when campers are present staff with the following qualifications: licensed physician, regis-

tered nurse, emergency medical technician, paramedic, or a person certified in American Red Cross Standard First Aid (minimally) or the equivalent, and a person certified in Cardiopulmonary Resuscitation from the American Red Cross, American Heart Association, or the equivalent. All staff members must be sensitive to signs and symptoms of beginning illness in themselves and in the campers and report these to the health staff. Only then can a health program be properly carried out. The basic teaching regarding accidents and illness must be done during pre-camp training by the camp nurse with the support of the camp director. However, such training is an ongoing process for the entire camping season for both the staff and the campers.

The work of the nurse increases the protection given the camper by the camp management and protects the camp management itself in many difficult situations. In those camps lacking a resident physician, the nurse offers certain skills and qualities of judgment usually not possessed by any other resident staff member.

Further answers to the question "Why do we need a camp nurse?" are found in the following pages discussing the nurse's activities and describing how he or she works.



QUALIFICATIONS OF THE CAMP NURSE

Qualities a nurse must have to work in a camp include emotional stability and technical skills to meet emergencies, sufficient physical strength to do the work required, good nursing judgment, good general judgment and a license to practice in the state where the camp is located. The camp nurse must be able to adapt to a situation in which there is a limited amount of modern medical equipment. The camp nurse must be able to do a nursing assessment and make a nursing diagnosis and must be aware that at times there is the possibility of functioning in the role of a primex nurse. It is suggested that the camp nurse carry personal liability insurance, as well as know the legal limitations of the Nurse Practice Act of the state.

A camp director will expect these general qualifications, but goes beyond them in choosing his nurse. He wants a person who not only has sufficient emotional stability to meet emergencies with poise and wisdom but also one who has a warm personality and a genuine interest in people; one who makes it easy for staff and campers to come for help. He wants a nurse who goes more than halfway in working with others; a nurse who can cooperate successfully with staff members, who can help them increase their own skills in dealing with others; whose skill with children includes an ability to help them adjust to their environment and to learn to get along better with others, to feel their responsibility for their own health and for the health of others. An appreciation of home-camp relationships and the ability to meet and talk with parents is essential.

The director tries to find a nurse who not only has sufficient physical strength to carry on the required duties, but also sufficient vitality to enjoy the work and who has a liking for outdoor activities. He will look for a love and understanding of children, for maturity, humor and flexibility; above all for integrity. The camp administrator values the experience a nurse may have had in other camps as camper, counselor, or nurse, and a background in school or other public health nursing activities which include caring for children.

The nurse's basic nursing education should have included or be supplemented by good pediatric preparation and experience in out-patient and emergency care. In addition, courses approved for the preparation of public health nurses are of definite advantage to the nurse in a camp situation. It is a definite advantage if the nurse has completed a Red Cross First Aid course. Also of distinct advantage would be a course in home nursing.

WHAT DOES THE CAMP OFFER THE NURSE?

Satisfactions. The close association of camp life allows the nurse to study healthy children intensively and from a point of view somewhat different from that in other nursing experiences. The nurse can observe many new things about children, in both their individual and group reactions.

As a person, the nurse has a chance for added satisfactions by choosing to develop creative interests through participation in camp activities. Skill in and appreciation of outdoor living may be increased. The camp nurse benefits by a summer in natural surroundings and by the opportunity to meet new people and work with them in the challenging task of furthering child growth and development through camping. There is the opportunity to observe people on a 24 hour day.

This experience in guiding child growth and development as a part of a team composed of camping personnel rather than the more familiar health personnel offers an interesting contrast. Observing and learning group methods which may apply to nursing in other situations can be another advantage.

Employment Arrangements. The camp director and nurse will discuss, in addition to the nurse's qualifications, such matters as the following:

1. Salary arrangements and time off, relief for the nurse in case of epidemic, dates of arrival at camp and departure;
2. The director's point of view as to transportation to camp, the use of the nurse's car for camper transportation to a physician or hospital, liability insurance and reimbursement for using the nurse's car;
3. Rules governing camp personnel (including the nurse), and duties other than direct nursing care;
4. The size of camp, its general objectives, geographical location, the nature of its program, the sort of camper, types of homes from which campers come;
5. The staff with whom the nurse will work--its composition, size, maturity, capability, counselor-camper ratio, etc. A copy of the camp's staff organization chart should be provided to every staff member;
6. The legal responsibilities of the camp nurse;
7. The type of infirmary, i.e. building, tent, and its facilities;
8. The medical supplies available;
9. The medical (M.D.) back-up and standing orders used.

In general, nursing salaries at camp will be lower than those

received in other areas of nursing, but the discerning administration provides for adequate salary arrangement, particularly for those with special experience in pediatric or emergency nursing care. The Standards of the American Camping Association suggest that each staff member have at least two hours daily free from assigned camp responsibilities and have an accumulative total of 24 hours or more each 2 weeks in blocks of not less than 12 consecutive hours free from camp responsibility. The director's plans should provide for relief nursing service as needed.

Provision for medical service is essential for the protection of the campers and the camp management. It is vital to protect the nurse from demands for service which cannot safely or ethically be given without medical direction.

The director is able to rely upon the nurse selected and employed under such policies. He shows this by consulting the nurse on many matters and by depending on the advice given in those areas within the nurse's professional range. As a result, the nurse's status with campers and staff is strengthened; the nurse takes a place with the director, assistant director, and program director as one of the administrative people in the camp organization. The nurse's professional behavior and expertise should strengthen this status in the camp.

DUTIES OF THE NURSE

Pre-camp activities. Preliminary to any definite work plan the nurse gathers all available information about the camp. Also, a familiarity of current literature on camping is important and several books on the subject should be read. Suggested references appear at the back of this booklet. During the pre-employment interview certain facts will surface and others may be obtained from the agency or persons sponsoring the camp. The camp nurse may write to the local and state health department where the camp is located for copies of their publications on nutrition, child health, camping, sanitation, control of communicable diseases and accident prevention. Reference books which may be needed in camp should be selected. Regarding legality, the nurse **and the camp director** should be acquainted with the nurse practice act of the state in which the camp is located. Again, the need for individual nursing malpractice insurance should be encouraged. Reasonable rates may be obtained through professional nursing organizations.

The nurse consults with the camp director to secure a copy of the camp's "Standing Orders" since these must be available for use when camp opens. If no copy of the standing orders is available, it is suggested that the nurse become familiar with the material included in Appendix A. When the nurse arrives in camp, this material could serve as a basis for consultation between the camp physician, the camp director, and the nurse in making up a set of standing orders for the summer. ACA Standards recommend that the camp have a written health care plan which is reviewed annually by a physician and specifies general procedures and responsibilities of all staff for the following areas: first aid, emergency medical care including emergency transportation, care by physician/hospital, daily medical care, routine health care, supervision of camp health/sanitation practices, assessment of any food service staff, professional therapy and provision of equipment and supplies.

On arrival at camp. A competent nurse must be confident that the medical department is in order and ready to function properly as the camp health center. The following steps to be taken by the camp nurse are suggested:

1. Open the infirmary, rest house and first aid room.

a. Thoroughly clean or supervise thorough cleaning.

b. Check inventory of equipment, supplies, medicines, drugs.

c. List anything needed and arrange with camp director for immediate purchase and delivery.

d. Make beds, arrange furnishings to create homelike atmosphere.

2. Make up first aid kits for trips, hikes, kitchen, shop, riding department, waterfront, etc. These should be individually made up for each area according to the activities in which the area is involved. (Recheck at weekly intervals through the summer or as frequently as supplies are depleted).

3. Prepare for adequate record keeping. It should be remembered that all records must be kept in legal form, in a bound ledger book and recorded in ink.

a. File for camp health examination forms.

b. File for records of daily clinic notes, medications, innoculations, etc.

c. Daily log--doctor's orders, his camp and office calls, notes on campers, etc.

d. Bedside charts for ill campers.

e. Daily report blanks for "no swim," "restricted activities," director's daily summary, etc.

f. Height and weight chart.

g. Necessary insurance and accident forms. The camp secretary may wish to handle the paper work involved in this aspect.

Cooperative staff activity. There is a great amount of work needed to prepare a camp for opening day and to orient the camp staff properly to receive and work with campers. The nurse plays an important part in such pre-camp activity and will benefit from the experiences shared as a member of the instructed group. It is essential for the staff to know just where the nurse fits into the total camp program. Counselors should recognize the nurse not only as a health specialist but as a co-worker who is as interested as they are in seeing that every child's camp experience is the best possible. The nurse should arrange with the camp director for sufficient time during the pre-camp training session and during staff meetings early in the season for discussion periods on such subjects as:

Accident prevention;

Nutrition, diet, food allergies;

Emergencies and first aid procedures. It would be beneficial for the nurse to be certified to teach either the Standards First Aid or the Multimedia Standard First Aid course to the staff. The Multimedia course could be done during pre-camp training;

Signs of illness and indications of communicable conditions in campers and staff;

Policies on such things as limitation or alterations or activities during menstruation, management of home sickness, sleep walking and bed-wetting, food packages, and infirmary visiting;

Policy and management of drug abuse among campers or staff;
Infirmary management;
Health practices in daily living;
Inter-reporting on health matters between nurse and patient, nurse and counselor, nurse and director, nurse and physician, camp health services and family, family physician, referring agency;
Certain aspects of selected problems of children with physical, emotional, or social disabilities.

To insure use of standard procedures by all, it is advisable to review emergency and first aid procedures. The nurse should arrange for demonstrations of such procedures as:

Resuscitation (cardio-pulmonary resuscitation);
Carrying a person on a stretcher;
Treating a simple burn;
Dressing a minor wound;
Treatment of shock;
Treatment of snake bites;
Treatment of hemorrhage;
Other first aid procedures.

In extreme situations the nurse may have only a few minutes on the morning of the day on which the campers arrive to acquaint the staff with the health program. This makes a difficult situation. Yet, however limited the time, there must be included a definite plan for a daily cursory inspection of each camper by his counselor and a reliable method to insure that campers visit the nurse and physician whenever necessary and desirable. Lacking this, the health services by the physician or nurse are less constructive and are limited in their effectiveness, for the counselor's opportunity to observe the camper is superior to that of the nurse or physician. Any accident, even one which does little damage, is to be reported and recorded, as soon as it happens or as soon as possible. An analysis of accidents is valuable as a basis for preventive programs. The camp must also keep records of accidents for legal purposes.

Also, prior to the opening of camp, all health examinations should be completed for each staff member. Those staff members who are not of age should have written parental permission allowing the camp staff to make necessary medical decisions should an emergency arise.

Opening day. The nurse's activities on opening day will differ depending on the individual camp's procedure. The nurse may be called upon to assist the camp physician in observing the incoming campers.

The nurse should review the health history furnished by the parents along with the health examination form for:

1. Continuing medical attention for chronic illness (asthma, allergies, diabetes, seizure disorder, muscular or skeleton conditions)
2. Any medication sensitivity or allergy
3. Restrictions of physical activity
4. Tetnous, toxoid (date of injection)

Counselors will need to be alerted to any limitations, restrictions, or conditions needing supervision.

Another duty of the nurse as camp opens is to check on all medications and first aid supplies brought into camp by campers and staff members. All such materials should be collected, labeled with the person's name (if not already appropriately labeled prior to arriving at camp), and administered under the nurse's supervision during camp. At the end of camp any unused materials can be returned to the owner. Medications for staff must also be kept in the health center and administered from there. All narcotics and medications should be stored under lock and dispensed only under the specific directions of a licensed physician. All poisons in the camp must be kept from children, preferably locked in special cupboards.

Recently, drug misuse and drug abuse has been more prevalent in younger children. It behooves the nurse to be alert to the potential of drug overdose and toxic or side effects. Every effort should be made by counselors and administrators to prevent or intervene in drug misuse.

The nurse isolates and recommends to the camp director that a physician see any camper suspected of communicable disease. Any person whose condition on arrival at camp is such that it may not be to his own best interests or the interest of the other campers, should be sent home by the director upon competent medical advice. On opening day the nurse should be especially sensitive to indications of individual emotional difficulties as the stress of entering camp may exaggerate such difficulties.

As the camp opens the nurse should be available for conferences with parents and campers to discuss with them such conditions as allergies, food idiosyncrasies, bed-wetting, sleepwalking, dysmenorrhea, onset of menstruation (and the child's preparation for menstruation) or other problems which the director may feel require special attention. On this first day of camp as well as during the camp season the camp nurse should dress the same as other staff members dress. No uniform should be worn, since it gives the nurse the appearance of being set apart from the rest of the staff and is

unrealistic in the camp setting. If the nurse feels a need for identification through clothing, white shorts and a white shirt would be in order.

A typical day. No two days during a season are ever the same in the life of a camp nurse. Hours kept conform to the general daily schedule, and plans can be made each day, but unexpected happenings require a rearrangement of plans to meet pressing needs. A typical day starts at the rising hour, the time of which often varies.

7:00 Rising, care of bed patients.

7:30 Breakfast: Trays to infirmary as needed.

8:30 Health center activities.

These vary from day to day but include such activities as:

First aid to injured or ill;

Re-dressings;

Re-inspection of campers previously excluded from activities;

Dispensing of camper and staff medications;

Conference with camp director;

Entries in daily log.

9:30 Selected activities. (In the previous period the problems come to the nurse. During this time activities requiring attention can be selected for that particular day.)

These may include:

Caring for campers in the infirmary;

Assisting with medical examinations;

Inspection of a hike group leaving or returning to camp;

Cabin inspection;

Visit to units to give help in selected program plans;

Visit to the waterfront;

Latrine inspection;

Cleaning of the infirmary;

Conference with the dietitian or cook on menus or on problems such as those of food storage, dish washing, or garbage disposal.

12:00 Lunch: Trays to infirmary as needed.

1:00 Health center activities (as above).

1:30 Rest hour. This may include a supervised sun bathing period.

2:30 Selected activities (as above).

4:30 Free time.

5:30 Staff meeting.

6:00 Dinner: Trays to infirmary as needed.

7:00 Health center activities (as above).

8:00 Evening program or campfire.

9:00-10:00 Bed-time or staff meetings, conferences.

Closing day. There may be a final inspection of each child, by physician and nurse or by the nurse alone. At this time a final record of height and weight may be made as well as careful notation of the exact condition of any unhealed wounds or indications of illness. Most important is the recording of evidence of positive health development and indication of improvement of the camper in his health attitudes and practices. Congratulatory emphasis on these will be more stimulating to the child's desire for continued improvement than a resume of his shortcomings. The resume should be included in the camp's own record for continued work if the child returns another season. If mentioned, this is included with as many positive comments as possible in the reports of the camp to the parent, family physician, and referring agency.

The counselor should check the camper, at least visually, and communicate any concerns to the nurse so that the parents can be prepared for the child's condition upon the child's return (example: a cut not healing). The nurse should make a final inspection of all campers who had injuries during the camp session. If necessary, the nurse should determine some means of communication with the parents regarding the child's health status.

In some camps, this type of a closing day regime would serve no purpose. Many camps run on a short term session. There would be nothing gained by obtaining the child's height and weight after one or two weeks. In these situations, the important thing is to communicate any type of problems encountered by the child to the parent and to make sure that the child takes home with him any excess medical supplies that he brought to camp.

Parents who come to camp for their children sometimes seek out the nurse. The director may wish the nurse to see some parents so the child's progress or some special need can be discussed. To many parents the only comment may be one of congratulations on the excellent health record the child has enjoyed.

Among the nurse's special duties involved in camp closing is preparation of a careful and complete inventory of health center equipment and supplies, with a summary of amount consumed during the season, and notation of any unusual replacements indicated for the next season. The nurse either packs or supervises the packing of the health center equipment and the supplies which may be kept for the next season. The need for containers and preservatives should be anticipated and on hand.

The nurse participates in the post-camp evaluation sessions. The health and safety records kept may furnish ideas for special health projects and safety programs for the following year.

THE HEALTH CENTER
HOW IT SHOULD BE PLANNED AND EQUIPPED

Location. The health center should be easily accessible from all parts of the camp. It should be out of the way from kitchen odors and noise of deliveries and from any especially disturbing camp activities. Natural shade is desirable. If a tent is used, a "fly" relieves the heat and helps keep flying insects from entering the tent. Provision should be made to keep a light on all night so the health center can be easily located by campers and staff.

Basic equipment and supplies. A ratio of one bed for every fifteen to twenty people in camp is advised. When the campers' homes are fairly near the camp, a slight reduction in the number of beds may be made. In a co-educational camp more space is required.

Provision for isolation is necessary. Therefore, organization of the infirmary should be such that individuals free from communicable disease will not have to come in contact with those possibly harboring an infection. Arrangements must be made for heating of rooms in cold weather where bed patients are isolated. For each bed, a bedside table is most helpful for such individual equipment as a basin, a cup, and a soap dish. Cupboards may be needed for storing the clothing of infirmary patients. In camps which do not provide special equipment for the infirmary, arrangements must be made for the child's pillow, pillow case, sheets and blankets, or sleeping roll to be brought from the cabin for his use while he is in the infirmary.

Specific plans for disposal of waste from the health center and infirmary should be made. This includes disposal of all body excretions if flush toilets are not used. If approved running water from an inspected source is not available, arrangements are necessary for supplying adequate amounts and for keeping from contamination all water for drinking, washing and bathing. Provision for heating water is a requirement. Floors should be easy to clean for economy and for sanitary reasons. If the floors are of wood, sand is a good deodorizer for vomitus. Thus, a little sand might be kept in the health center in case the need for it arises. Space should be arranged where campers can await their turns for health consultations with the nurse or physician. A sheltered place for rainy days is necessary.

The nurse's reference shelf should include:

First aid publications issued by the sponsoring organization;

Current edition of American Red Cross First Aid Manual;

Local and state communicable disease codes;

Current editions of authoritative texts on child growth and development, mental hygiene, pediatric nursing, communicable disease nursing, and nutrition;

Medical Dictionary;

The Camp Health Manual
Physician's Desk Reference (a recent copy);
A pharmacology book;
A Merck Manual.

For camps in need of such service, the local Chapter of the American Red Cross may be interested in loaning or supplying certain articles needed for the health center.

The health office or the part of the unit set aside for health conference needs but little equipment. An area of 11 by 12 feet is adequate to accommodate the minimum essential equipment listed below:

EQUIPMENT

Standard	Possible Substitute
Blood pressure cuff and stethoscope	
Desk, File and Chairs	Orange crates, apple boxes
Scales	
Measuring apparatus	Camp project
Enamel top work table	Box of proper height covered with oil cloth, linoleum, or plastic
Examining table	Cot raised to proper height on firm blocks or with constructed frame
Sanitary step can	Garbage can or disposable carton heavily lined with paper for easy burning of contents
Waste basket	Paper bag (large) or as above
Waiting bench	Camp project
Stretcher	Camp project
Fire extinguisher (as advised by insurance underwriters)	
Usual camp lighting	
Goose neck lamp with intense light	
Extra strong portable emergency flashlight	
Distributors for paper towels, napkins, tissues and cups	Five gallon ice cream container or camp project
Thermometers (at least one rectal)	In adapted containers

Standard	Possible Substitute
Enamel basins of various sizes	Discarded cans with smooth edges
Enamel basins of various sizes or plastic buckets and basins	Discarded cans with smooth edges
Kidney basin	
Bed Pans (in a camp with flush toilets these may not be necessary)	Constructed from newspapers
Irrigating cans with assorted tips	
Electric pad or hot water bottle	Chemical heat bag, sand bag, brick
Ice cap	Plastic bag
Rubber sheets, various sized	Plastic materials, oil cloth, shower curtain, Newspapers
Tourniquet	Triangular bandage with stick
Tongue depressors, cotton tipped applicators, and toothpicks	
Bandage scissors, large and small	
Nail scissors	
Hemostat	
Scalpel with blades	
Otoscope	
Ophthalmoscope	
Medicine glasses	
Medicine droppers	
*Hypo needles (various sizes)	
*Hypodermic syringes of suitable sizes	
Small wire cutter (for removing fish hooks)	
Sewing needles and safety pins	
Inflatable splint for leg fractures	
Inflatable splint for arm fractures	

Standard	Possible Substitute
Paper medicine cups	
Paper drinking cups	
Tweezers	
Scissors for suture removal	
Utility trays	Camp project
Bed trays	Camp project
Metal fine comb	
Medicine cabinet with lock	Camp project
Cupboards for equipment and supplies	Camp project
Appropriate first aid kits for hikes and for such places as kitchen, waterfront and shops	
Snake bite kits as indicated	
Must be kept under lock	

SUPPLIES

Standard	Possible Substitute
Gauze bandages-1", 2", 3"	
Triangular bandages	Camp project, sterilized in oven
Elastic bandages-2", 3", 4"	
Paper bags for disposal	
Adhesive tape-1/2", 1", 3"	
Moleskin	
Sterile gauze compresses in small packages, 2" X 2", 3" X 3"	Sterilized in oven
Band-aids	
Absorbent cotton (in 1/2 lbs. packages)	
Tincture of green soap	
Sodium bicarbonate (external use)	
Epsom salts (external use)	

Standard	Possible Substitute
Aromatic spirits of ammonia	
Cold cream	
Talcum powder	
Normal saline solution	
Salt	
Aspirin	
Sucrets, or other throat or cough drops	
Petroleum jelly	
Specific medication for pediculosis	
Specific medication for athletes foot	
Calamine lotion	
Tylenol, aspirin, etc.	
Cough syrups	
Antihistamines	
Cold tablets	

The following additional items are needed and should be ordered as specified by the camp physician under standing orders for care in his absence:

Medication for first and second degree burns (it should be remembered that cold water is the primary treatment)
Lotion to prevent sunburn, continaing sunscreen ingredients
Medication for poison ivy, if an environmental condition exists
Inhalation compound
Epinephrine ampules
Skin antiseptics (preferably one of the aqueous types)
Disinfectants
Emetic
Medication for constipation
Cough syrup and cough drops
Analgesic for headache, menstrual pain, toothache
Ophthalmic ointment
Rubbing alcohol
Others indicated by special needs in the local situation.

Suggested procedures. Standing orders for the nurse should outline (1) the procedures to be used in case of accident or sudden illness until a doctor's attention can be secured and (2) the procedures for minor conditions not requiring immediate medical care. Many camps do not have a resident physician; in such instances, the nurse carries on the service under the standing orders of the camp physician, but even in camps with resident physicians, standing orders are needed. Written standing orders should be secured before the camp opens.

Some of the organizations which sponsor camps send definite instructions concerning the establishment of orders and what shall be included. The local medical society or hospital may be willing to participate in the development of standing orders appropriate for any camp in the area. Also, see Appendix A.

In any event, the orders should be discussed and approved by the camp physician, camp director, and legal counsel. The physician accepts the responsibility for directing the nurse to carry them out. The orders must carry his signature. It should be remembered that although standing orders may have previously been signed by the camp physician and camp director, they should be re-discussed with them and re-signed yearly.

Copies of standing orders should be posted in the health center and others are placed in the files of the camp director and nurse. All copies should carry the camp physician's and camp director's signatures and complete information. Included in the standing orders are the phone numbers of the camp physician and of his alternates. There are directions for securing an ambulance or other transportation for the sick or injured, notifying camp officials, securing supplementary help, and any other details that may be needed when emergency situations arise.

Procedures to be followed in notifying the child's parents or his family physician are worked out in detail by the physician, nurse and director. The director may make arrangements with the family while the nurse stays with the injured or ill child.

Standing orders establish the authority by which the nurse carries out nursing and first aid procedures. These orders will include treatment for the following and should be approved by the camp physician and by legal counsel as directives to the nurse and members of the camp staff who legally work under the direction of the physician in matters of medical treatment.

Allergies, diabetes, epilepsy, etc.
Bruises, bumps.
Burns
Colds
Constipation
Cuts and abrasions

Diarrhea
Discharging or aching ear
Drug abuse
Elevated temperature
Enuresis
Fatigue
Headache
Head injuries
Heat exhaustion
Indigestion
Infections
Insect bites
Menstrual pain
Nausea, vomiting
Nosebleed
Particle in eye
Poison ivy, oak, etc.
Poisonous water animals
Possible fractures
Puncture wounds
Snake bite
Splinters
Sprains
Sunburn
Sunstroke
Toothache

Directions should be given by family physicians when it is necessary to continue or finish any innoculations or treatments which have been started at home. Such directions should be in writing, must be signed by the prescribing physician and should clearly indicate his order as to schedule of administration, dosage, reporting results to him, etc.

Separate instructions developed by the camp nurse, camp director, and camp physician for all staff members who may be charged with the care of emergencies, should be included in the special first aid kits carried on hikes and set up in the various places in camp, and must be consistent with the provisions of the standing orders.

THE NURSE'S RESPONSIBILITY IN EMERGENCIES

In a camp without a resident physician, careful planning for the care of emergencies is necessary for the safety of campers and staff to protect the nurse against carrying more responsibility than that for which she or he is licensed. This is especially true in camps which do pioneering, wilderness camping or have extended hiking and canoeing trips out of the main camp itself. It is also true in those camps in which transportation to a medical facility may be a problem because of either distance or type of transportation available from the camp.

Emergencies may occur in any camp at any time and it is difficult to foresee or plan for them. However, having a policy adaptable to various occasions helps forestall serious consequences. During pre-camp training the nurse ascertains those on the staff who are trained "first-aiders" capable of giving on-the-spot care when necessary. Such persons would be most suitable to accompany out-of-camp trips. However, it is highly unlikely that it will be possible to have a "first-aider" accompany each group that leaves the main camp. Therefore, it should be the nurse's responsibility to train the individual counselors according to the various needs of the counselor. All camp counselors should have at least basic first aid and preferably advanced first aid training, with the emphasis on sending a runner for a person more skilled in first aid. When an injury or illness in camp appears to be serious, and the patient can not be moved, the nurse is called to the patient's side. Otherwise, it is more practical to bring the patient to the health center as better care can be given with more complete and more readily available equipment. If the doctor is needed, a messenger may be sent to call him or to call whoever is responsible for transporting the patient to the doctor. At times, it may be more important for the nurse to talk with the doctor by telephone to describe the emergency and secure instructions rather than to stay with the patient. More often than not, however, it is best for the nurse to remain with the patient and for someone else such as the camp director, to telephone the physician. Another messenger should bring the stretcher to the side of the patient.

Emergencies which might necessitate the nurse's going to the patient include:

severe cut	back injury	head injury
severe burn	fainting	fall and paralysis
fracture	heat exhaustion	seizure
near-drowning	severe nosebleed	snake bite
sun stroke	asthmatic attack	

Accurate recording of accidents and their causes will permit later study to point up hazards or poor practices. The problems may then be removed or corrected and further accidents of the sort prevented.

Recording of accidents should identify the persons who were witnesses to the accident. The date and time should be noted. The immediate treatment given should be listed. A notation should be made regarding notification of parents and physician. Included in the notation should be the date and time of contact. An Accident Report Form has been developed by the American Camping Association and the American Academy of Pediatrics. The form on 8 1/2" x 11" paper is available from the American Camping Association.

When the nurse leaves the health center to answer an emergency call and no substitute is left in the office a note should be tacked on the door listing the location.

When a patient is admitted to the infirmary for overnight, personal necessities should be brought to the infirmary from his sleeping quarters. Such items might include:

pajamas and robe
slippers
toothbrush and toothpaste
brush and comb
mirror
soap
pen or pencil and stationery
pillow, pillow case, sheets, blankets (unless infirmary is thus equipped)
clean underpants
clean socks
clean set of clothes (for when patient is discharged)

THE NURSE'S ROLE IN MEDICAL EXAMINATIONS

Pre-camp physical examinations. The ACA Standards suggest that a health examination by a licensed physician be required for all in camp within 24 months before camp or upon arrival at camp.

A Camp Health Examination Form for Children, Youth and Adults has been developed by the American Camping Association in consultation with The American Medical Association and The American Academy of Pediatrics. The 8 1/2" x 11" forms present decided advantages over less up-to-date and less complete forms. Medical forms should include a place for parental signature which gives permission to the camping medical staff to treat a child in case of emergency.

In-camp examinations. There will be occasions when examinations have not been completed prior to camp and must be given in camp. Examinations in camp may also be made at the time of the camper's leaving or when his welfare requires it. Also, in cases where pre-camp examinations have been given, an in-camp examination on arrival and leaving may be made to determine the condition of the camper, to note any conditions which need immediate attention and to report the same to the proper person (physician, camp director, counselor or parent). For such examinations, procedures vary.

Whenever the nurse works with a physician in camp, the responsibility includes familiarization with his plan, checking equipment to be sure the necessary items are available, and making detailed arrangements with the physician regarding procedures to be used and any preliminary work he wishes done. This might be history taking, weighing and measuring, vision and hearing testing. The nurse can obtain from the physician an estimate of the average amount of time he will want to spend for each examination, so that campers can be made available with as little waste of time as possible both for the physician and the campers. The nurse assembles for the physician's attention, pertinent data from pre-camp examination records and from the observations of the counselors.

At camps having no physician on their staff, a physician "on call" should examine campers and employees, as needed. In this case the entire responsibility for making and carrying out an "examination-plan" may be left to the nurse, but in most situations there is at least a partial plan already established, or the director takes a definite part in planning with the nurse for the examinations.

Advantages of examinations. In a rare situation the nurse may find no disposition to include medical examinations. In this instance the camp director and the sponsoring agency should be made aware of the necessity for a careful medical examination of each camper and employee. Each camper must be examined in order to (1) furnish the nurse and counselors with information that will allow them to plan a camping program that will best meet the camper's individual needs for health and personality development, (2) protect the camper against activities which might be dangerous because of certain physical limitations and (3) protect the camp management from criticism and possible suit if the camper becomes injured and that injury might have been avoided had such information been available. Also through examination, updating of immunization is often done. This is particularly beneficial in the case of tetanus immunization. Where a child is under good medical supervision, a report from the physician (whether he is the family pediatrician, family physician, or clinic physician) about the child's health status with specific recommendation, is valuable to the camp.

Pre-employment examinations of **all** staff members have similar advantages. To determine that every employee is fit for the service required by his position, tuberculin test, chest x-rays and serologic test for syphilis may be included in the examination. This is particularly advisable for all food handlers. The regulations of departments of health under which the camp operates should be followed.

HEALTH COUNSELING BY THE CAMP NURSE

Inspections at the Health Center. Specific clinic periods each day should be designated when the nurse sees campers or employees who have need of services. The best times for these "office hours" are following breakfast, following lunch, following dinner, and just prior to bedtime. One reason for the choice of these times is that they are accommodating to most "pill takers." At this time there is an opportunity to counsel and advise on health matters as well as to give treatment as necessary. Consideration of non-emergency matters is limited to these "office hours," but in an emergency the nurse or a designated assistant or substitute can always be located through the office or by leaving a sign on the desk or on the door giving location. Children (except those taking pills) should be accompanied by a counselor so that communication can be established between the nurse and the counselor regarding how the problem is being handled.

When an emergency occurs after bedtime, a camper should be accompanied to the health center by a counselor or by some other adult. This insures safe arrival, provides an assistant to the nurse if needed, and when it is necessary to keep the patient in the infirmary, this adult is on hand to send for the camper's personal necessities. It should be emphasized with all staff members that if there is any question about moving an individual who has been injured, the injured individual should not be moved. Instead, one adult should remain with the injured and another should bring the nurse to the site.

Special inspections. Campers planning special trips or strenuous physical activity may be expected to report to the health center for an inspection by the physician or nurse, before and after the event. In addition to the check on the physical condition the nurse observes the type and fit of shoes and socks and protection against rain, sun and cold. Each group is also issued a first aid kit, marked with the name and phone number of the camp. It includes coins for phone calls and equipment adapted to the trip. When indicated, special first aid instruction is given to one or all individuals of the group before the trip. Upon return to the main camp, campers (particularly those who have been out for more than three days) should be examined to make sure that no problems were encountered that need attention.

Modifying the Camper's Program. For the majority of persons reporting during office hours, the nurse is able to give first aid treatment or health counseling as temporary measures. This usually allows the individual to continue with his planned routine and to return later to be seen by the nurse or physician.

Should the employee not be able to continue with his work or the

camper with his planned activities, the individual to whom the worker is responsible or the counselor of the camper or activities leader is notified by the nurse by word of mouth or by note. In a large camp it is an economy to have forms ready for this purpose. These can be made out with carbon copies for the nurse's records. The forms may be used when the regular program of a camper is to be interrupted but he is not to be kept in the infirmary. For instance, if he is not to swim, he may still be able to sunbathe or to join some other group. In other instances, the plan may be for him to rest on his cot or to have him make his own choice of several quiet activities. Whether the nurse, his counselor, or a third person is then to be responsible for him, should definitely be specified.

The nurse keeps under intensive supervision those campers who require special diets or nourishments at special times. Special diets are served in the main dining room, avoiding emphasis on the differences of these campers from the others. The nurse may observe need for changes in meal hour, additional lunch periods, or elimination of established lunches. A sudden drop in the atmospheric temperature may suggest the value of an extra hot drink for everyone.

Adapting The Program To Special Needs of Campers. Physicians often permit children with non-communicable temporary health difficulties to go to camp if it is anticipated that they will be restricted for a few days only. The nurse assumes responsibility for these children, seeing them frequently, administering treatments ordered by the family physician, and advising on activities. A similar situation exists whenever a child in camp develops an illness or injury that restricts activity, but does not require his leaving camp.

The nurse interprets the physician's directions to the camp director and the counselors concerned in terms of the camp program, and uses their observations as a means of helping the physician determine when restrictions can be lifted. Restrictions most often involve the waterfront and strenuous activity. It may be advisable to lessen heavy activity during extremely warm weather which persists for more than a day or two.

A camp may admit a child with a long-term physical or mental handicap if staff and personnel are equipped to care for him and deal with his particular handicap. In other instances a handicapped child may be ready for a regular camp experience and be admitted for that reason. The most frequent long-term conditions are heart disease, diabetes, vision and hearing difficulties, mental retardation, post-polio paralysis, and cerebral palsy. Special attention is given to obtaining a maximum of information about such a child's history, his present condition, and a written statement from his physician

describing restrictions, special supervision needed, and particularly, the child's potential to enter, enjoy and benefit from camp activity. It cannot be emphasized too strongly how very important it is for parents and/or physicians to relay this kind of information as well as data such as nightmares, seizures, etc., to the camping staff. Relaying this information will definitely not hinder the child's development at camp, but will serve only to enhance his success.

Many such campers are sent by "sending agencies" such as community organizations which have assumed a great deal of responsibility in planning a camping experience for the child. These agencies should be asked to share additional information valuable in understanding and planning for the child. The agency may assist parents or the camp in handling the problem.

Some of the problems of these children lend themselves to group discussions by the camp director, nurse and counselors. More often individual conferences with the counselor are necessary for effective interpretation of the significance and application of the specific recommendations. A counselor may need help in developing a positive attitude toward a child with a serious disability and the nurse may discover this need more quickly in an individual conference.

The nurse helps the director and counselors interpret the recommendations and aids the staff in providing the child with a program that allows him as much freedom as possible and helps the child fit himself into those activities where he can experience reasonable success with physical safety and emotional satisfaction.

Children unable to attend the usual camp may profit greatly from a special camp where all have similar problems and more adaptations can be made for their special needs.

Observation by physician, nurse, and counselors, possible because of the intimacy of camp life, may be unusually valuable to those who are working with the child when he is not at camp. The final report, which should be sent to the agency, the family, and the family physician, should give a complete picture of the child's adjustment, experience and growth at camp--physically, emotionally, socially and spiritually.

THE NURSE IN RELATION TO CAMP SANITATION

Living a simple life when attempted by a group of people in a limited space with few modern conveniences often proves anything but simple; it is accompanied by many difficulties in sanitary arrangements.

Determining a proper site for a camp, predicting drainage possibilities, establishing provisions for safe disposal of garbage and human excrement, evaluating the safety of a water supply, all require the professional knowledge, skill and judgment of the engineer and sanitarian. Lay people sometimes fail to distinguish between such professional preparation and that of the nurse; they may ask the camp nurse to assume more responsibility in sanitary matters than she or he is knowledgeable of or is authorized to accept. The nurse's responsibilities should not include checking water to determine its safety for drinking, providing a safe environment which will prevent epidemics or infection which may be carried through oralanal route, etc.

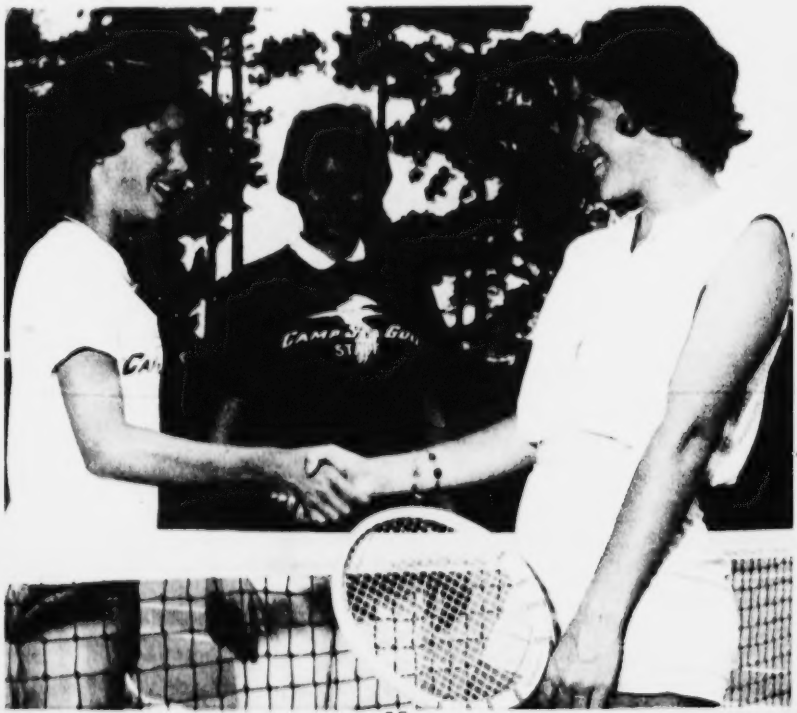
Responsibility for camp sanitation rests with the director, physician, and local or state health authorities. It is expected that drinking and swimming water will have been inspected by a qualified official prior to the opening of the camp, and that a statement about the safety of the water supply should be in the camp files; also that the camp has valid license(s) where required to be in business.

Sanitary camp conditions can be enjoyed only when every camper and employee helps to maintain them. Through education and experience the nurse has a practical as well as a theoretical understanding of the scientific principles upon which sanitary procedures are based. Therefore, the nurse is often chosen by the director as the individual to do daily or periodic checking of certain procedures or conditions, since it may not be logical for other camp personnel to take on this activity. Activities here might include checking to make sure that bathrooms have been cleaned and checking to see that stagnant puddles of water where mosquitoes might breed are prevented.

Assignment of these activities to the nurse does not mean that the nurse then becomes "responsible" for the sanitary situation which is being checked. Rather the idea is to observe accurately and report promptly to the individual responsible, any variations that should be corrected. In addition to such routine checking, the nurse and physician must be alert to new or unusual hazards. Besides noting such conditions and reporting them, the two health workers are able to suggest methods that can be used to improve conditions

or procedures. However, they should not be impatient or discouraged when immediate action on such recommendations is not taken. Most sanitary improvements require either financial outlay or change in the administrative pattern which in the case of an organization or church camp may require action by the Board of Directors.

The nurse does have a contribution to make toward the improvement of the many sanitary procedures that depend upon the understanding and attitude of the campers and employees. Instruction on these points in pre-camp training sessions, in staff meetings, and through casual informal opportunities for indirect teaching throughout the season, is most important. Topics covered may include handwashing techniques and the spread of infections such as colds. This is especially important for food handlers. The camp nurse involves the campers and counselors as well as the camp director, cook, trip counselors, maintenance man, shop, sports and swimming instructors, riflery, archery and riding instructors in special reviews of their particular areas to discover possibilities for additional safety measures.



HEALTH RECORDS

Organization-sponsored camps often provide specially prepared forms for health records. In some instances the camp physician or examining physician may specify which record form he prefers. In other instances, physician, director, and nurse may develop a special form to meet special needs and have it mimeographed or printed. Sometimes responsibility for choosing and obtaining the forms is assigned to the nurse. A survey of the forms available indicates the excellence of those developed by the American Camping Association and the American Academy of Pediatrics, which are available from the American Camping Association.

Colored metal flags are convenient for attaching to the cards of those requiring special medication, diets, limitations of activity, special observation, or those who lack a recommended immunization.

While the nurse's daily log always contains a notation of the individual's name, the time he reported to the health center, the problem or reason for the visit, and the care given for the problem, it should be remembered that for legal purposes this and all other data should be recorded in ink, in a bound book, and that blank lines should not be left. Even in a small informal camp a locked file box for these health records may be desirable for privacy and safety.

It is from these records that reports for parents, family physicians, or referring agencies are prepared as camp closes. Carbon copies of these can also be included with the camper's and employee's record. The file is taken to the "winter office" of the camp management so that any information needed will be conveniently available. Records are kept on file for specified periods in many camps.

THE NURSE AS A POSITIVE HEALTH TEACHER

Through direct contacts with the children, in working with the counselors both in pre-camp training and through day-by-day contacts with them, the nurse emphasizes positive health teaching.

Posture. In addition to activities to develop good posture and remedial exercises to correct faulty posture, other factors are important, such as sufficient rest so that muscle tone will be good. Proper nutrition and exercise to build strong muscles to hold the body as it should be is also important. However primitive the furniture may be, good posture during meals, study periods, and work sessions to prevent muscle fatigue should nevertheless be maintained. Sleeping arrangements should be conducive to and not detrimental to good posture; a firm level surface on which to sleep and lightweight though warm covers should be the rule. The nurse's own inspection of clothing, especially of shoes, socks, and belts, may be helpful in discovering contributing causes to posture problems.

Nutrition. Reliable federal and state materials on the "basic four" foods are available and can be used as a basis for group and individual teaching. Referral to these principles as campers and camp personnel participate in planning meals for short trips and in selecting special foods when confined to the infirmary give reality to the teaching. A study, in conjunction with the nature counselor, of local produce to discover substitutions for foods more conventionally used, and of edible wild plants may stimulate interest in considering the essentials of diet.

Posters for use in the dining room to introduce new foods or to encourage interest in improving food habits may better be made by the campers than purchased. The nurse can cooperate with the arts and crafts counselor in planning this.

Emotional health. Through contacts with campers and staff the nurse often has special opportunities to help them face situations, and if this isn't possible, to help them understand why they feel inadequate at the time and how to help themselves. In every group at camp and elsewhere--there are children and adults with problems ranging from minor personality quirks to disturbing behavior disorders. The nurse can help some of these people, but should also recognize situations which require more specialized study and care and help secure such aid when it is needed.

The nurse needs to be knowledgeable of mental health practices so that wholesome group living in the camp can be influenced so that happiness and well-being among the campers can be promoted.

Excellent references for study are the materials prepared for the White House Conferences on Children and Youth.

A very common emotional problem in the camp setting is that of homesickness. It is most common in those children below the age of twelve. Homesickness may take any form but is most often found in a nonspecific stomachache. Nausea and vomiting may accompany the stomachache as well as a low-grade temperature. It is most important to administer just the right amount of individual love and care. Too little will not cure the problem, and too much may make the child too dependent on the nurse, which may result in the child no longer wanting to return to his group.

Interpretations to campers' parents. Early education of campers parents means a great deal to the whole camp picture. The nurse working with the director may help parents understand why no extra food such as candy, cookies or cake should be sent to the camper. For a child's birthday, a cake to be shared by his group as a celebration may be permissible.

On Visitor's Day, it is desirable that the nurse be included in a discussion of health matters with parents, by the director, counselor or physician. In this way cooperative understanding is reached which results in long-range benefit to the child. In addition, the nurse will be available to see as many of the parents of children as time permits. A quiet chat and genuine interest on the part of the nurse will have gratifying results. Additional history considered by the parent as too unimportant for inclusion on the pre-camp health form may be reported at this time and may be helpful in the guidance of the child.

Health guidance for the staff. Each year there are staff members who are taking their first summer camp positions. Extra encouragement may be needed to help them adjust to the strenuous life, to use rest periods for rest, and to use off-duty time wisely. A well-adjusted staff member is a good counselor and enjoys good health, so the nurse's time spent in this way pays large dividends.

Each staff member should report to the health center for all injuries and ailments, even minor ones. It is wise to keep the medications of all counselors as well as the campers in the health center. A quiet afternoon spent resting on a cot in the health center is sometimes a valuable tonic to an exhausted and perhaps frustrated new counselor.

On the other hand, some counselors as well as some of the campers may show a tendency to visit the center more frequently than necessary, as an escape. The nurse may be able to guide them to a fresh start and a different point of view if the real causes can be identified instead of accepting the excuses for their too frequent

visits. It has been found that some of the difficulties go back to a lack of proper orientation of campers, staff, or parents. The nurse's experience may lead to incorporation of additional material in the pre-camp training, or in the instructions for parents, or in planning camper orientation. Such suggestions from the camp nurse will lessen similar trouble in future seasons.

In the camp setting, the nurse has an opportunity to be most creative. First aid can be taught to older campers who may be able to make use of it for long over-nights. There is a great need for preventive teaching such as how to use a jackknife or the proper clothing to take on an overnight. Guidance is not only needed for adults but also for children. Other areas such as personal hygiene are also important areas for teaching.

Through the final report. The nurse's final summary report to the camp director is based upon the daily reports previously given to him. It should be much more than a statistical total of illnesses and accidents, first aid and medical treatments, health hazards discovered and removed, and supplies purchased and consumed. It should give perspective on the season's experience. It can reveal causes and effects and point up some evidence of progress toward health objectives as well as those factors that may have retarded progress.

Such a summary of the health situation in the camp can give the nurse a good basis on which to develop recommendations for another season. These may include suggestions for changes in the camp's physical plant and equipment, organization, management, schedule and daily procedure, possible improvement in the pre-camp education of campers and their parents and educational material for inclusion in the pre-camp and winter training of personnel.

In effect, the nurse's final report may be a means of making next season's camping experience a better and happier one for all concerned.

Appendix A

SUGGESTED MINIMUM STANDING ORDERS

(To be approved and signed annually by camp physician)

NOTE

(a) Since treatment of campers must be recorded, a record of emergency treatment by counselors is to be kept and returned to the nurse for inclusion in the camp files.

(b) Separate instructions developed by the camp nurse, camp director, and camp physician for **care of emergencies** by staff member should be placed in each counselor's notebook and pasted in the lid of each first aid kit.

(c) Campers and counselors will receive group education concerning emergencies from the nurse and/or physician at the beginning of the camping period.

(d) Nurses and physicians will consult and identify the parameters of nursing responsibilities of mutual concern to patient care before campers are on-site.

1. **Abrasions, scratches, cuts**
   - Cleanse with soap and water.
   - Apply antiseptic approved through physician-nurse consultation.
   - Apply sterile dressing if necessary.
   - If bleeding is severe or cut extensive, apply sterile dressing and direct pressure to control bleeding and call physician if bleeding continues.
   - Cultures of possible infected abrasions should always be taken by the nurse upon presentation of the complaint.
2. **Splinters**
   - Clean skin with soap and water.
   - Superficial splinters may be removed with sterile needle or forceps.
   - Apply antiseptic approved through physician-nurse consultation.
   - All other splinters should be referred to a physician.
3. **Infections**—infected fingers, infected wounds, boils, etc.
   - Apply hot saline solution or warm, wet dressings or soaks.
   - Report to physician.
   - Take temperature and vital signs. If temperature is elevated, give appropriate care approved through physician-nurse consultations.
4. **Sprains, strains, and fractures**
   - Turned ankle. Report to Physician.
   - Use crushed ice in screw-cap ice bag or plastic bag on injured area 20 minutes every 3-4 hours. Use cold water soaks if ice is not available. Do not pack in ice.
   - If this relieves pain and there is only slight swelling, apply firm bandage (ace-bandage, muslin or outing-flannel).
   - If pain or swelling is severe, keep foot elevated and do not allow patient to walk on it until seen by physician.
   - Sprained thumb, finger or wrist—treat in similar manner.
   - **Fractures and dislocations:**
     Splint to immobilize any suspected fracture in an approved manner with the least possible disturbance. Call physician at once. **Make no attempt to reduce fractures and dislocations!**
5. **Head injuries**
   - If any head injury is accompanied by dizziness, unconsciousness, headache, nausea, vomiting, change in pulse rate, severe nose bleed, or other symptoms:
     - Put to bed, keep warm and quiet.
     - Elevate head of bed.
     - Report to physician at once.
     - Every 30 minutes record pulse rate, blood pressure and size and reaction reaction to light of pupils.
     - CAUTION: Do not move person with severe head or back injury until seen by camp physician.

6. **Bruises and bumps**
   Apply cold compresses or ice bag.
   Consider possibility of fracture or deep injury if tenderness or pain is severe and treat as sprain, strain or fracture until medical advice is available.
7. **Foreign body in eye**
   Remove with sterile cotton swab if possible.
   If irritation persists or foreign body is not easily removed, apply dry protective covering to **both** eyes and see physician at once.
8. **Bleeding**
   a. Arterial, venous
   First use pressure with sterile dressing over wound (not tourniquet) to stop bleeding. If bleeding is on an extremity, elevate that extremity. If severe, see physician at once.
   b. Nose bleed
   Sit patient erect with head forward. Gently compress nostril with thumb and forefinger against nasal septum. Roll tissue to size of pencil. Insert into both nostrils. Apply cold compress to nose and face.
9. **Burns**
   First aid treatment
   Use cold compress or ice pack if skin is not broken.
   Consider burns as serious injuries and the areas burned as open wounds.
   If possible, remove clothing that might come in contact with the wound.
   Call the physician at once. If he cannot be obtained at once and the area of burn is **extensive**, cover with sterile compresses and bandage loosely.
   Give the patient an abundance of fluids, particularly broths or other liquids containing salt.
   For those burns which produce a slight reddening of the skin over a small area, a number of ointments (antiseptic) are available which give adequate relief.
10. **Sunburn**
    Prevention:
    Warn counselors and campers to avoid long exposure of untanned skin during first days in camp and to wear head coverings.
    Recommend to counselors that lotion containing sun screen ingredients be used freely before long exposure.
    Treatment:
    Apply lotion or approved soothing ointment.
    Give an abundance of fluids containing salt if severe extenstive sunburn is received and see physician.
11. **Swimming accidents**—See current American Red Cross First Aid text.
    Prevention:
    Nurse will report to counselor all campers whose physical condition, as determined by physician, does not permit swimming.
    Counselor in charge of swimming must be thoroughly trained and competent in methods of supervision, life saving, and resuscitation.
    Any swimming accidents must be reported to the nurse and a physician called at once.
12. **Contact with poison ivy, poison oak, and poison sumac.**
    Prevention:
    Teach counselors and campers to know and avoid the plants.
    After exposure wash all exposed areas of skin with soap and water thoroughly.
    Treatment:
    Apply medication approved by camp physician.
    Report to physician.
13. **Insect bites and stings**
    Remove stinger if still present. Do not use tweezers. Use flicking motion of thumb and finger.
    Apply ice or cold wet compresses.

14. **Elevated temperature**
    Put to bed in infirmary.
    Note other signs or symptoms.
    Report to physician.
15. **The physician should be called at once** for diagnosis and treatment of following conditions. (If necessary after examination, the parents will be notified according to policies of camp management.)
    a. Abdominal pain and tenderness with or without nausea, vomiting or fever. The patient should be put to bed and kept warm and quiet under close observation until seen by physician. Give nothing by mouth without physician's order. Take temperature, report to physician, and follow his orders.
    b. Diarrhea
    Infirmary bed care and isolation.
    If any case of diarrhea develops, the counselors should be notified to watch for and report any other cases.
    Check diet—may be caused by too much fruit or other laxative foods.
    Recheck sanitation of food, milk, and water and health of food handlers.
    Call physician regarding diagnosis and treatment of patient and for investigation and advice concerning sanitation problems.
    c. Earache
    If temperature is elevated or earache is persistent, call physician.
    Chronic discharging ears. Children with discharging ears to be admitted to camp only with permission of family physician and camp physician. If discharging ears are discovered after admission to camp, isolate until seen by camp physician.
    Do not allow swimming.
    Wipe canal with dry cotton as often as necessary to keep ear clean.
    d. Sore throat
    Report to physician and use or alter following treatment as directed:
    Isolation in bed in infirmary.
    Take routine throat culture, if desired by attending physician.
    Take temperature every four hours.
    Cold compress or ice bag to throat.
    Soft diet and fluids freely.
    Symptomatic treatment, including gargle and aspirin, may be routinely used by nurse according to physician's orders and advice.
    Cultures of possible infected throat should always be taken by the nurse upon presentation of the complaint.
    e. Communicable diseases
    The following shall be considered suggestive of communicable disease:
    Fever 100 degrees or more, sore throat, coryza or running cold, vomiting, rash, inflamed eyelids, running ears, skin lesions, including those suggesting scabies or impetigo, pediculosis.
    Isolate patient and call physician.
    The common cold is a source of potential danger and such cases should likewise be isolated.
16. **Miscellaneous** conditions to be treated routinely by nurse according to physician's orders and advice.
    a. Constipation (48 hours)
    Milk of magnesia
    Enema if necessary
    Prevention—diet, regularity
    b. Menstruation
    Allow camper to alter schedule during period, if desired.

For pain—external heat, aspirin up to 10 grains every 4-6 hours as required, normal activity.

Instruction regarding personal hygeine.

c. Enuresis

Every case should be reported to the nurse and camp medical and administrative staff who will then work out a plan for management.

d. Toothache

Rinse mouth thoroughly with warm saline. Perhaps oil of cloves if physician advises.

Arrange for dental care.

17. **The Undernourished Child**

The nurse should give special supervision under the physician's direction to the diet, rest, and activity program of children who are below par in weight, energy, and health. Correct food habits at meal time, give extra nourishment between meals, adjust activities or increase rest periods so that child does not become overfatigued.

18. **Scabies, impetigo, ringworm, and pediculosis**

The policy regarding exclusion of children with these conditions from camp will be decided by camp director and physician. Treatment for such cases in camp will be prescribed by camp physician. If occurrence of these conditions is expected to be common, the camp physician may prefer to give routine standing orders to the nurse at the beginning of camp.

Camp Physician's Signature	Camp Nurse's Signature
Date	Date
Camp Physician's Phone	Camp Director's Signature
Ambulance Phone	Date

Alternates:

Name

Phone

Name

Phone

FOOTNOTES

[1]Auld, M. E. and G. Ehlke. "What Camp Nurses Need to Know." **The American Journal of Nursing.** 74:662-663, April, 1974.

[2]Leininger M. et al. "Primex." **The American Journal of Nursing.** 72:7, July, 1972.

For Additional Study

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PHOTOGRAPHS

Photos appearing in this Guide are used through the courtesy of the following individuals or camps.

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